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Examiner	Cite	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where			
initials*	No.	Number - Kind Code ^{2 (# known)}	MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant Figures Appear			
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Traisation is attached.
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REPERT RADEME Under # Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Substitute for form 1449A/PTO 10/042,402 Application Number INFORMATION DISCLOSURE Filing Date January 7, 2002 STATEMENT BY APPLICANT First Named Inventor Bardy, Gust H. Art Unit 3762 (Use as many sheets as necessary) **Examiner Name** Unassigned Sheet Attorney Docket Number 020.0254.US.CON

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INFORMATION DISCLOSURE				Filing Date	January 7, 2002		
SI	TATEMENT BY A	PLIC	ΔΝΤ	First Named Inventor	Bardy		
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Substitute for form 1449A/PTO		Complete if Known			
				Application Number	10/042,402
INFORMATION DISCLOSURE				Filing Date	January 7, 2002
ST	ATEMENT BY	APPI	LICANT	First Named Inventor	Bardy
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Substitute f	or form 1449A	/PTO	•	Complete	Complete if Known		
				Application Number	10/042,402		
INFO	DRMATION	DISCLO	SURE	Filing Date	Jan. 7, 2002		
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Substitute f	or form 1449A	/PTO		Complete if Known		
				Application Number	10/042,402	
INFO	DRMATION	DISCLO	SURE	Filing Date	Jan. 7, 2002	
STA	TEMENT E	BY APPLI	CANT	First Named Inventor	Bardy, Gust H.	
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Sheet	1	of	2	Attorney Docket Number	003.0254.US.CON		

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				Application Number	10/042,402	
INF	ORMATION I	DISCL	OSURE	Filing Date	1/7/2002	
STA	TEMENT BY	APP	LICANT	First Named Inventor	Bardy	
(u.	se as many sheet	s as nec	cessary)	Art Unit	3736	
				Examiner Name	Unassigned	
Sheet	2	of	2	Attorney Docket Number	003.0254.US.CON	

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				Application Number	10/042,402	
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		EP 0 531 889 A2	3/17/1993	Hewlett-Packard		Τ
		WO 99/46718	9/16/1999	Healthware Corporation		
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*Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). *For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. *Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. *Applicant is to place a check mark here if English language Translation is attached. Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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Substitute for form 1449A/PTO Complete if Known **Application Number** 10/042,402 INFORMATION DISCLOSURE 1/7/2002 Filing Date STATEMENT BY APPLICANT **First Named Inventor** Bardy (use as many sheets as necessary) Art Unit 3736 **Examiner Name** Unassigned 2 Sheet 1 of Attorney Docket Number 003,0254.01

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